



# Newark Community Project for People With A.I.D.S.

*'Let us fight the virus, not each other.'*

P. O. BOX 1241  
NEWARK, NEW JERSEY 07101

## EMERGENCY ALLOCATIONS FUND

### PURPOSE:

The purpose of the Emergency Allocations Fund (EAF) is to provide a source of financial assistance to individuals afflicted with the AIDS virus who find themselves in a situation requiring immediate action. Such situations may range from the need for life sustaining necessities to conditions that improve the quality of life for people with AIDS.

### FUND ADMINISTRATION

The Emergency Allocations Fund shall be administered by a committee composed of nine (9) individuals (including a chairperson) selected by the N.C.P. for PWAs chair and approved by the Executive Committee. The EAF committee shall have full authority to make grants out of the Emergency Allocations Fund pursuant to these guidelines as approved by the Executive Committee. A grant from the Emergency Allocations Fund may be made if a panel of any three EAF committee members unanimously approve an application and funds are available in the Emergency Allocations Fund. An applicant for a grant who does not receive panel approval, may appeal to the entire EAF Committee. A successful appeal will require at least five (5) affirmative votes from the EAF committee. A full EAF committee decision is final.

The names of all individuals making application to and receiving grants from the fund shall remain confidential within the EAF committee. A confidential record of all applications and grants shall be maintained by appropriate N.C.P. for PWAs staff. At least quarterly, the EAF committee will make a written report to the executive committee. Such report shall include the number and amount of grants made during the quarter.

The Emergency Allocations Fund shall be maintained as a separate fund. Receipts into this fund shall not be used for any other purpose.

## APPLICATION PROCEDURE

All requests for emergency allocations shall be made in writing on the approved form attached hereto. Forms maybe submitted to the EAF committee chair or such other authorized persons. Where necessary, N.C.P. for PWAs staff personnel shall assist applicants in completing the form. The form must be signed by the applicant or his representative.

Upon receipt of an application, the EAF committee chair shall assign it to a panel of three EAF committee members (which may include the chair) for consideration. If the chair is not available, any three committee members may be paneled to consider the application. In every situation, an attempt will be made to render a panel decision within 72 hours after receipt of an application.

All applicants will be notified of the panel's decision in writing. Applicants whose requests were not approved, will receive information indicating that an appeal to the full EAF committee can be requested.

## GRANT CRITERIA

Because individual situations can be unique, the EAF committee shall, in its discretion, determine if the requested grant should be made. However, the EAF committee should give priority to requests that involve food, shelter and other life sustaining necessities. In addition, the EAF committee shall consider:

- The Applicant's income and resources
- The applicant's expenses
- The availability of assistance from other sources (welfare, medicare, etc.)
- The availability of funds in the Emergency Allocations Fund

Grants from the Emergency Allocations Fund shall not exceed \$500.00 without approval of the executive committee. Under no circumstances shall a grant be made directly to an individual. All grant awards will be made payable by check to the vendor on behalf of the applicant.



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## EMERGENCY ALLOCATION FUND

### Application Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(ZIP) \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

EMERGENCY  
CONTACT: NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

SUPPORT AND/OR SOCIAL WORKER NAME \_\_\_\_\_

AND PHONE NUMBER(S) \_\_\_\_\_

\*\*\*\*\*

PURPOSE OF REQUEST (please be specific as possible and  
attach any documentation that will  
help evaluate your request):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continue on rear of page)

AMOUNT OF REQUEST (LIMIT \$500.00) \$ \_\_\_\_\_

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I understand that this application constitutes my request for a grant from the Newark Community Project for People with A.I.D.S. Emergency Allocation fund. Although I am under no obligation to repay any grant that maybe made, I do pledge that I will make an effort to reimburse the Emergency Allocation Fund if I do receive a grant.

I further understand that any grant that maybe made to me will be at the sole discretion of Newark Community Project for People With A.I.D.S. and that this application does not create any obligation on the part of Newark Community Project for People with A.I.D.S. to make a grant to me.

DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

+++++  
(Do not write below this line)

DATE Received: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISPOSITION:

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Amount (if approved) \$ \_\_\_\_\_

EPA Committee Member \_\_\_\_\_

Date \_\_\_\_\_

EPA Committee Member \_\_\_\_\_

Date \_\_\_\_\_

EPA Committee Member \_\_\_\_\_

Date \_\_\_\_\_

DATE NOTIFIED: \_\_\_\_\_

PAYEE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_